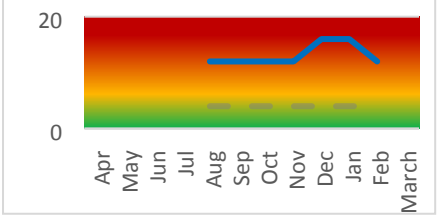


DASHBOARD for Quality & Safety Committee – Current position at 31 st January 2017						
Risks			Headlines			
Description	Residual risk score	Change since last report	New Risks:		0	
457 - Delayed Transfer of Care	4 x 3 = 12	↔	Closed risks:		4	
436 - Nursing Home in suspension	4 x 4 = 16	↑	Escalated risks:		2	
431 – Primary Care Delivery Board	4 x 3 = 12	↔	De-escalated risks:		3	
424 –Nursing Home safety concerns	3 x 4 = 12	↔	Impact\Likelihood	Negligible	Minor	Moderate
422 –Residential Home abuse allegation	3 x 4 = 12	↔	Almost certain:			
420 –Care Home in suspension	3 x 4 = 12	↔	Likely:		2	3
419 – Safeguarding issues (provider)	3 x 4 = 12	↔	Possible:			9
414 – Quetiapine	3 x 3 = 9	↓	Unlikely:		2	9
402 – Provider workforce pressures	3 x 3 = 9	↓	Rare:			
378 – Provider compliance with NICE QS89	4 x 3 = 12	↔	Risk Process:			
			<ul style="list-style-type: none"> Risk Register will become a standing item on all committee agendas from January 2017 onwards. Directors will challenge scoring and management of risk at individual programme boards. Monthly risk activity will continue to be reported to Quality & Safety Committee, Finance & Performance Committee, Commissioning Committee, Primary Care Joint Commissioning Committee, Remuneration Committee and Audit and Governance Committee Risk Management Strategy is being reviewed Jan- March 2017 			
			Risk scrutiny notes: Following the Governing Body session with Price Waterhouse Cooper in November 2016, it was agreed that WCCG's Board Assurance Framework would be reviewed and refreshed. PwC drafted an outline dashboard for consideration and the subsequent			

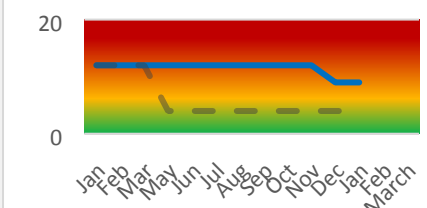
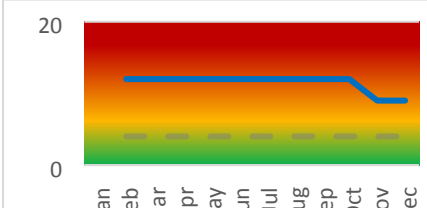
325 – FFT in Primary Care	3 x 3 = 9	↔	<p>BAF report will be compiled following refresh of the CCG Strategic Objectives (Gov Body development session planned for March 2017)</p> <p>The new dashboard has been populated with risks relating to Quality & Safety. This will be duplicated for all other sub-committees of the Board in future months. Quality and Risk team has reviewed individual risks and all risks at 12 or below have been scrutinised and either closed off with a narrative or continued if further assurance is required.</p> <p>There are currently 34 open risks relating to Quality and Safety.</p> <p>During January one risk (Risk 436) was escalated to red due to the nursing home being declared bankrupt. Update February 2017 – risk downgraded to amber (12) – care home has closed; however, all residents have been found places in alternative care homes. Please refer to Appendix 1.</p> <p>One risk (Risk 256) has been escalated to amber (previously green), 29 remain unchanged, 3 have been de-escalated and 4 risks have been closed.</p>
321 – Safe Working Practices	3 x 4 = 12	↔	
175 – Care Home lack of quality assurance	3 x 3 = 9	↔	
151 – Increase in Never Events	3 x 4 = 12	↔	
138 – On-going compliance of CQC registered providers	2 x 4 = 8	↔	
461 – Designated Nurse Safeguarding Children	3 x 3 = 9	↔	
413 – PREVENT Training Levels 3&4 BCPFT	3 x 3 = 9	↓	
251 – Improving Quality in Primary Care	3 x 3 = 9	↔	
204 – Pressure Ulcer Themes	3 x 3 = 9	↔	
459 – Primary Care Student Nurse Placements	4 x 2 = 8	↔	
389 – NHS Friends and Family Test	4 x 2 = 8	↔	
136 – CCG Health and Safety Arrangements	3 x 4 = 12	↔	

86 – Quality Visits	3 x 3 = 9	CLOSED		
94 – NICE guidance implementation	2 x 2 = 4	↔		
449 – Nursing Home Ward Rounds Contract	2 x 2 = 4	↔		
176 – Abusive patient at risk of withdrawal from DN services	1 x 2 = 2	CLOSED		
400 – Datix escalation in residential homes	2 x 3 = 6	↔		
320 – Statutory requirements relating to designated professionals	2 x 3 = 6	↔		
277 – Adult Safeguarding process/Care Act 2014	2 x 3 = 6	CLOSED		
256 – Lack of Named Safeguarding Doctor for Children	3 x 3 = 9	↑		
252 – Out of City LAC Health Reviews	2 x 3 = 6	↔		
121 – Complaints Register	2 x 3 = 6	↔		

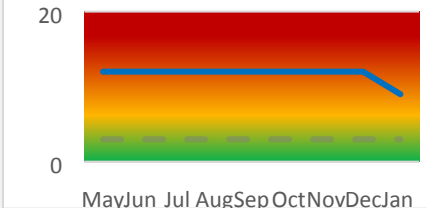
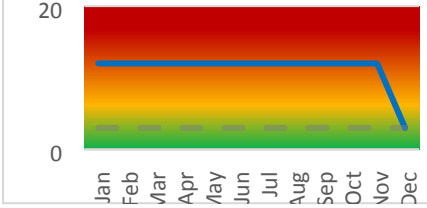
344 – Cannock CCG	2 x 3 = 6	↔		
322 – Lack of Falls prevention provision to Care Homes	2 x 3 = 6	↔		
87 – Board Assurance Framework	2 x 3 = 6	CLOSED		
308 – NMC registration/Nurse revalidation	2 x 3 = 6	↔		
381 – Infection Prevention Service	2 x 3 = 6	↔		
161 – Safeguarding Children Named GP role	2 x 3 = 6	↔		

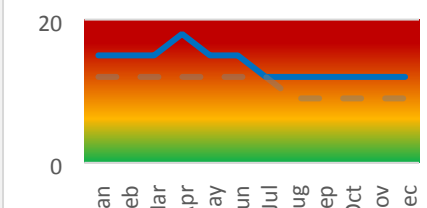
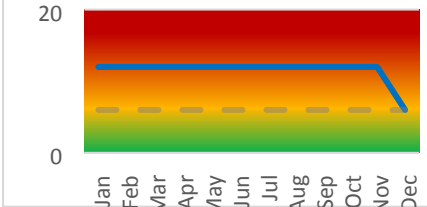
DATE ADDED:	Risk No.	What is the risk?	Inherent risk		Existing controls in place to mitigate the risk	Residual risk - after controls		Risk action plan:	Risk Trend:
			Impact	Likelihood		Impact	Likelihood		
24/08/16	436	Nursing Home in Suspension – City of Wolverhampton Council mutually agreed suspension of new placements with Nursing Home due to concerns with quality of care as of 3rd August 2016. Added to Risk Register (12). Risk increased to (16) in Dec 2016 as QNAs alerted to possibly bankruptcy of home. Update Feb 2017 - home has now been closed due to bankruptcy. Risk decreased to (12) as all residents transferred to other homes successfully.	4	4	Residents have been safely transferred to a new home. The QNA and LA QACO are conducting weekly quality and safety visits to the new location. Failing provider meetings discontinued. LA planning to host lessons learnt event.	3	4	Risk increased. Implementation of action plan. Sustained improvement visits. Monitoring of SA1s.	

Appendix1

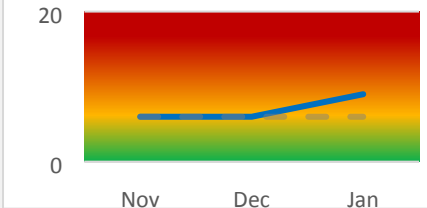
11/05/16	414	Quetiapine - optimising use within the Health Economy – Mental Health provider.	4	3	MH Commissioning Lead has supported provider in preparing letter to GPs, identifying patients requiring priority follow-up. Triage support offered to GPs for these patients. Trust has seen all priority patients at end December 2016.	3	3	Risk downgraded. Monitoring via CQRM and Contract Review meetings. Recovery plan is on track.	
03/02/16	402	Provider Workforce Pressures - Nursing & Specialty Consultant Vacancies ie A&E & ward areas across the Acute Trust (as of 26/10/16 risk no longer applies to A&E). Skill mix for safe patient care.	4	3	<p>Workstreams to address the risk include:-</p> <ul style="list-style-type: none"> * Workforce * Retention * Recruitment * New Models * Staff Engagement <p>Implementing the recommendations from the Carter Review ie ESR, e-learning & streamlining.</p>	3	3	Risk downgraded. Mitigation managed through CQRM on monthly basis.	

Appendix1

11/05/16	413	PREVENT Training Levels 3 and 4 – MH provider. Provider not meeting national targets.	4	3	Performance is being monitored via safeguarding dashboard and meetings with Trust's PREVENT/Safeguarding Lead.	3	3	Discussion at CQRM and CRM monthly. Trust has action plan for 16/17 and training trajectory in place. PREVENT training levels at end of November 2016: Levels 1 and 2 at 96%, Level 3 at 91%, Level 4 at 100%. Target achieved (85% by end of Quarter 3). Risk score downgraded.	 <p>May Jun Jul Aug Sep Oct Nov Dec Jan</p>
07/03/12	86	Quality Visits - Risk of limited availability of staff with specific knowledge, qualification and experience available to the Quality Team to undertake quality assessments in specific areas.	4	3	All quality visits are fully documented in line with the team's guidance on quality visits, feedback provided informally to the provider at the time of the visit followed by a formal report to the provider afterwards & discussions at CQR, recognition given in monthly quality report also.	CLOSED		CLOSED. Action plans monitored & reviewed.	 <p>Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec</p>

15/11/12	176	Abusive patient at risk of withdrawal from District Nurse Services. Risk that Trust awards a red card to an insulin dependent diabetic patient and withdraw the district nurse provision.	4	4	Multi-disciplinary meetings to identify actions to manage patient. Legal advice sought.	1	2	CLOSED. At CQR in October the Trust approved a combined approach to manage any future prevalence of patients who may be issued with a red card. The CQR approved a combined 'red card escalation process' that is underpinned by support from the quality team acting on behalf of the CCG in conjunction with colleagues at the Trust.	 <p>A line graph with a y-axis from 0 to 20 and an x-axis with months from Jan to Dec. The line starts at approximately 15 in Jan, rises to a peak of about 18 in April, then falls to around 10 in June and remains relatively stable until December.</p>
06/12/13	277	Adult Safeguarding Process/Care Act 2014 - Incompletion of the data base since since 2010. Risk that information provided to the LA safeguarding team that doesn't meet the criteria for a Section 42 enquiry will not be communicated to the CCG.	3	4	Adult MASH went live on 30th August 2016. All safeguarding referrals will be managed by the MASH - consider closing risk at next review.	2	3	CLOSED. Adult MASH now up and running. SA1 spread sheet from the LA is sent to WCCG on a 1-2 weekly basis. This sheet is scrutinised at the Tues am QNA meeting. Any relevant incidents for WCCG to investigate or follow up are tabled on the action log and allocated to a QNA. Referral form for Health in place and is utilised. Any Serious Incidents identified are reported to STEIS and investigated as per the SI Framework (2015) and WCCG SI Policy.	 <p>A line graph with a y-axis from 0 to 20 and an x-axis with months from Jan to Dec. The line is flat at approximately 15 from Jan to Nov, then drops sharply to about 5 in December.</p>

Appendix1

23/10/13	256	Lack of Named Safeguarding Doctor for Children – MH Trust does not have a named Doctor for Safeguarding children for Wolverhampton. Therefore they are not compliant with Statutory guidance that states all providers of NHS funded health services should identify a named doctor and a named nurse, (and midwife if the organisation provides maternity services).	3	2	Contact has been made with the Children's Safeguarding lead for clarification on next steps. This will be followed up at existing forums - CQRM.	3	3	Risk has been on risk register since 2013. Previously downgraded as Interim was in place. Permanent post-holder commenced January 2016. However, risk now increased as Post-holder has left organisation.	
30/08/11	87	Board Assurance Framework - Risk of information contained within the CCG Risk Register not reflecting the CCGs portfolio risks & performance of teams/departments resulting in inaccurate information contained in risk entries.	3	3	PwC have undertaken a review of the BAF, results have been shared. Revised template for BAF to be discussed at January Governing Body meeting. Project group has been set up, headed by Exec Director of Nursing. On Governing Body monthly agenda.	1	2	CLOSED.	